

JC853 U.S. PTO

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>me</i> | | 9/8/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>RD</i> | 61730 | 10-10-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

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